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Weekly Bulletin

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EDITOR

**Fresno Smallpox
Situation Improved.**

The smallpox situation in Fresno and vicinity is believed to be well in hand. Vaccination clinics have been established by both the city and the county where vaccinations are performed free of cost. It is estimated that the following are the number of vaccinations that have been done up to October 27th:

Smallpox vaccinations performed in Fresno County	7,000
Smallpox vaccinations performed in Fresno City	12,000
New cases week ending October 25th:	
Fresno County	5
Fresno City	3

The smallpox outbreak in Fresno County is characterized, not by the large number of mild cases reported, but rather by the small number of severe cases reported and the high mortality rate. In one family there were four cases reported, three of which have resulted fatally, with the probability that the fourth case will also result in death.

Out of a total of 86 cases reported during the past six weeks there have been at least 12 deaths.

During the first half of the present year more than 8000 cases, with 19 deaths, have been reported in California. It is characteristic of smallpox outbreaks that cases of virulent type appear suddenly in the midst of a widespread outbreak of mild cases. The outbreak at Fresno, with its high mortality rate, is not an unusual occurrence in view of the high incidence of smallpox within the state this year.

The public health authorities of Fresno City and County and of the neighboring towns and counties are doing all that may be possible to prevent the further spread of the disease. The results of their efforts depend entirely upon the degree to which the general public responds to the opportunities for vaccination that are provided.



**Individual Has Chief
Responsibility for Health.**

Your health officer can't make you take the typhoid fever inoculations or vaccination against smallpox. He can't force you to give your children toxin antitoxin preventive treatment against diphtheria. He can't make your wife accept prenatal care.

Your city board of health can't make you avoid theaters and other crowded places when epidemics of grippe, influenza and common colds are present for short periods.

Yet all these things are well demonstrated procedures for the welfare of those who may make use of them.

These are duties in which every individual will have to take the initiative for himself. He need not concern himself with the more fundamental health activities, such as the care of water supply, milk or pure food, as they will be adequately taken care of for him.

Only a small portion of the truths of preventive medicine are now being applied practically. Thousands of needless deaths occur annually from typhoid, smallpox and childbirth.—John E. Elmendorf, Jr., in *Hygeia*.

RADIO TALK.

How to Prevent Common Colds.

Broadcasted from Station KGO, Oakland, California, October 27, 1924.

Common colds are communicable and infectious. They are caused by germs just as diphtheria, pneumonia and whooping cough are caused by germs and they are spread in exactly the same way that these diseases are spread. Secretions from the nose and throat are responsible for the transmission of common colds. Sneezing and coughing, as well as open mouth breathing, may scatter these secretions through the air, making it easy for a well person to inhale the organisms sprayed out by a person suffering with a common cold. Many colds are contracted, too, by the transmission of nose and throat secretions which have been freshly deposited on door knobs, pencils, fingers and dozens of other objects handled by sick and well persons in their daily contact.

A noted sanitarian has said that if all human saliva were colored blue this tint would be observed on most of the inanimate objects that are encountered in our daily life. This may not be a pleasant thought but it is true. It can be seen very readily that in our daily contact with fellow men it is almost impossible to escape infection of this sort. If every individual who suffers from a cold were to voluntarily isolate himself until he has recovered much could be accomplished in the prevention of this common disorder.

Getting the feet wet, sitting in a draft, exposure to low temperatures, overeating and many other indiscretions tend to lower the resistance of the individual and thus make it easier for the infection to do its deadly work. It should be remembered, however, that these indiscretions in themselves may not cause illness. It is the combination of transfer of infectious material together with lowered resistance that results, so often, in disastrous colds.

Fingers play a large part in the transfer of common colds. It is a good practice, in personal hygiene, to keep the fingers away from the lips, and it is also a good practice to wash the hands frequently with soap and hot water. It is about as easy to escape infection from common colds when they are prevalent as it is to escape breathing. Care in avoiding contact with persons suffering from colds and the strict maintenance of hygienic principles of living will do much, however, in preventing the contraction of colds. It is not easy to avoid

persons suffering from this malady and there is no absolute assurance that anyone can deliberately prevent the contraction of a cold. Then, too, it is not always necessary to come into contact with an individual suffering from a cold in order to get a cold because a person may harbor organisms in his own nose and throat and not be sick. If his resistance becomes lowered, however, these organisms may be able to take advantage of his reduced vitality and produce a cold.

Following are the chief facts to remember in the prevention of common colds:

1. Work and sleep in fresh air.
2. Dress warmly but not too warmly.
3. Eat in moderation and observe all of the standard rules for hygienic living.
4. Keep the fingers away from the face.
5. Wash the hands frequently in soap and hot water.
6. Avoid persons who are suffering from colds.



Why Children are Absent From School.

Fifteen public schools in Washington, D. C., were studied during 1923-24 by a committee of which Dr. Louise Taylor-Jones was chairman in order to discover the causes of school absences. The grade chosen for this study was the third. The results of the study have been published by the U. S. Public Health Service. It was found that more than 70 per cent of all absences were due to medical problems, more than one-fourth being due to the common cold, and nearly 40 per cent to respiratory disturbances. Boys and girls seemed to be absent equally for all causes.



Why are Children Bad?

Delinquent children are usually under par physically. This is shown by a study made in New York of 743 children brought before the children's court. Examination of these children indicated that the physical condition of delinquent children in general is much inferior to that of ordinary school children. Seventy-nine per cent of the children before the court had physical defects, while only 35 per cent of public school children living in the same districts and of the same ages and nationalities, had defects. The chief difference between the two groups so far as physical conditions were concerned seemed to be in nutritional and glandular disturbances.

Great Accomplishments In Child and Maternal Welfare.

There has been expended by federal and state governments \$1,688,047.12 to promote the welfare of mothers and babies under the Federal Maternity and Infancy Act during the first 15 months following its passage.

This statement is made by the Children's Bureau of the U. S. Department of Labor, in connection with the first official report of the administration of the Maternity and Infancy Act, passed by congress on November 21, 1921. The report covers the period from March 20, 1922, when the first national appropriations became available, until June 30, 1923, and was prepared by Dr. Anna E. Rude of San Francisco, former director of the maternity and infant hygiene division of the Children's Bureau.

Federal grants to the states during this period for maternity and infancy work totaled \$1,046,523.56. State appropriations made to match federal funds totaled \$641,523.56. In 1922 payments were made to 43 states, 28 of which matched the federal grant in full or in part. In 1923, 41 states received grants for maternity and infancy work, 35 of which matched the allotment in full or in part. By June 30, 1923, all state legislatures had met and the appropriation acts passed enabled 40 states to cooperate during 1924, all but Kansas, Illinois, Louisiana, Vermont, Maine, Massachusetts, Connecticut, and Rhode Island. By action of its state legislature in July, Louisiana for the first time accepted the act and will receive its share of 1925 federal funds.

The Maternity and Infancy Act has already demonstrated its value, according to the report, in that it has:

"(1) Stimulated state activities in maternal and infant hygiene.

(2) Maintained the principle of local initiative and responsibility.

(3) Improved the quality of the work being done for mothers and babies by disseminating through a central source—the federal government—the results of scientific research and methods of work which have been found to operate successfully.

(4) Increased state appropriations with the passage of the act. From the appropriation for the fiscal year 1922 15 states were able to accept only the \$5,000 unmatched funds. Six states were able to accept only the \$5,000 unmatched from the federal appropriation for the fiscal year 1923. All of the states cooperating under the act either have already accepted more than the \$5,000 unmatched allotment from the 1924

federal appropriation, or will be able to do so. Moreover since the Maternity and Infancy Act became effective 33 states accepting it have made definite increases in their own appropriations for the welfare of mothers and babies."

State activities under the act have included the employment of physicians, public health nurses, dentists, dietitians, health teachers and social workers, on staffs of health departments; education of the public through lectures, demonstrations, exhibits, films, etc.; maternity consultations or centers; mothers' classes, correspondence courses and other forms of educational work for mothers; training and supervision of midwives; health conferences; dental clinics; nutrition classes; inspection of maternity and children's homes.

Duty to Self and to Public.

No better illustration could be had of the duty of each of us to self and to the public than in the matter of vaccination.

The unvaccinated person is a danger to himself. He is much more than that. He is a danger to the community.

He is in much greater danger of smallpox than if he were vaccinated. And every case of smallpox, due to lack of vaccination, becomes a new source of infection.

The present generation does not know smallpox, as did the former generations of Americans. We do not know what it is to walk streets frequented by pock-marked persons.

Because vaccination a generation ago was almost universal.

But the generation that has forgotten smallpox, has also forgotten vaccination. And smallpox is returning. It is returning notably in areas where vaccination has been neglected or where it has been, from sentimental or pseudo-scientific reasons, opposed.

The danger of each of us from smallpox is much greater than it was ten years ago.

All the more reason why each of us should take special care that we are as immune as modern, clean, careful medical practice can make us.

The citizen who has not been vaccinated recently or did not have it "take," should make sure, at once, from a physician in whom he has confidence, about himself and his family.

There is no need of alarmist reports. There is no great danger from smallpox. But there is an increasing danger, one due to the too great indifference to the disease in recent years.—*Fresno Republican*.

MORBIDITY.***Diphtheria.**

193 cases of diphtheria have been reported, as follows: Los Angeles 46, San Francisco 14, Alameda County 6, Los Angeles County 10, Sacramento 5, Long Beach 5, Stanislaus County 8, Santa Cruz 5, Kern County 5, Alameda 3, San Jose 2, Contra Costa County 1, Lodi 1, San Joaquin County 4, Watsonville 4, El Cerrito 1, Pacific Grove 1, Orange County 3, Monterey County 1, Kingsburg 1, Madera County 1, San Diego County 1, Pittsburg 1, Maywood 2, Alhambra 1, Hermosa Beach 1, Stockton 1, Mendocino County 3, Tulare County 2, Glendale 1, Pomona 4, Monterey County 1, San Bernardino County 1, San Diego 4, Fresno County 2, Kings County 1, Santa Cruz County 3, Whittier 1, Manhattan Beach 1, El Segundo 2, Marysville 1, Pasadena 2, Ukiah 1, San Mateo County 2, Berkeley 4, Santa Ana 1, Fillmore 3, Santa Clara County 3, Oakland 15, Corona 1.

Measles.

35 cases of measles have been reported, as follows: Los Angeles 6, Los Angeles County 17, Siskiyou County 1, San Gabriel 1, Lodi 1, Alhambra 2, Sacramento 1, San Francisco 2, Eureka 1, Berkeley 1, Pittsburg 1, Oakland 1.

Scarlet Fever.

120 cases of scarlet fever have been reported, as follows: Los Angeles 19, San Jose 7, Stockton 13, Alameda County 7, San Francisco 6, Santa Clara County 5, Riverside 5, Los Angeles County 6, Colusa 2, Santa Cruz County 4, Kings County 1, Bakersfield 1, San Bernardino County 2, Salinas 2, Pasadena 3, San Mateo County 1, Sacramento 4, Alhambra 2, Torrance 1, San Diego 4, San Joaquin County 1, Kern County 2, Stanislaus County 4, Alameda 1, San Diego County 1, Siskiyou County 2, Manteca 1, Yuba County 1, Fresno County 1, Fillmore 1, Lassen County 4, Signal Hill 1, Oakland 4, Berkeley 1.

Smallpox.

64 cases of smallpox have been reported, as

follows: Los Angeles 16, Los Angeles County 11, Sacramento 7, Fresno 12, Madera County 1, Orange County 1, Sacramento County 3, San Diego 1, Bakersfield 2, Lodi 1, South Pasadena 1, Ontario 2, Signal Hill 1, Fresno County 3, Oakland 2.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: Lassen County 6, Alameda 1, Madera 1, Los Angeles County 2, Stockton 1, Sacramento County 1, Long Beach 2, Colma 1, Pittsburg 1, Siskiyou County 1, Tulare County 1, Los Angeles 1.

Whooping Cough.

63 cases of whooping cough have been reported, as follows: Los Angeles 21, Berkeley 7, Los Angeles County 15, San Diego 5, Riverside 1, San Francisco 2, Long Beach 1, San Jose 1, San Diego County 1, Modoc County 1, Monterey County 3, Pasadena 3, Alhambra 1, Oakland 1.

Cerebrospinal Meningitis.

Riverside reported one case of cerebrospinal meningitis.

Poliomyelitis..

9 cases of poliomyelitis have been reported, as follows: Oakland 1, Los Angeles County 1, San Francisco 1, San Diego 2, Tulare County 1, Tuolumne County 2, Alameda County 1.

Epidemic Encephalitis.

3 cases of epidemic encephalitis have been reported, as follows: Sacramento 1, San Francisco 1, Oakland 1.

Botulism.

Glendale reported one case of botulism, and Los Angeles reported one case of botulism.

Leprosy.

Los Angeles reported one case of leprosy.

*From reports received on October 27th and 28th for week ending October 25th.

COMMUNICABLE DISEASE REPORTS.

Disease	1924				1923			
	Week ending			Reports for week ending Oct. 25 received by Oct. 28	Week ending			Reports for week ending Oct. 27 received by Oct. 30
	Oct. 4	Oct. 11	Oct. 18		Oct. 6	Oct. 13	Oct. 20	
Anthrax.....	1	0	0	0	0	1	0	0
Botulism.....	0	0	0	2	0	0	1	0
Cerebrospinal Meningitis.....	3	1	3	1	0	1	0	1
Chickenpox.....	58	74	118	116	49	37	82	51
Diphtheria.....	188	185	183	193	149	218	232	202
Dysentery (Bacillary).....	0	3	1	0	3	3	2	2
Epidemic Encephalitis.....	0	3	1	3	2	2	2	1
Gonorrhoea.....	118	73	87	74	116	96	138	83
Influenza.....	18	6	38	17	18	17	18	14
Leprosy.....	2	0	2	1	1	0	1	0
Malaria.....	3	1	2	0	13	8	6	7
Measles.....	19	23	13	35	223	242	217	202
Mumps.....	32	56	52	64	9	8	8	7
Pneumonia.....	36	32	31	30	45	35	52	41
Poliomyelitis.....	3	10	12	9	27	22	12	19
Scarlet Fever.....	86	105	107	120	63	126	150	132
Smallpox.....	42	57	87	64	15	20	30	51
Syphilis.....	144	69	155	102	91	137	106	96
Tuberculosis.....	187	153	65	109	168	200	163	164
Typhoid Fever.....	52	28	20	19	21	25	23	24
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	51	57	38	63	25	37	20	22
Totals.....	1043	936	1015	1022	1038	1235	1263	1119